

Gaithersburg Youth Center Trip (Grades 6-8)

CANOEING AT SENECA CREEK



**Mon, Sept 10
9am-2:00pm**

\$15
GYC Members only

**Not a Member?
Join the GYC!**
Registration on Reverse Side

BOHRER PARK ACTIVITY CENTER
506 S. FREDERICK AVE. GAITHERSBURG, MD 20877

SENECA CREEK STATE PARK
11950 CLOPPER RD, GAITHERSBURG, MD 20878

JOIN US FOR A DAY OF CANOEING AT SENECA CREEK PARK

MEET AT THE ACTIVITY CENTER AT BOHRER PARK NO LATER THAN 9:00AM.
PARTICIPANTS WILL RETURN TO THE GAITHERSBURG YOUTH CENTER BY 2:00PM

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.

Lunch will not be provided on this trip. Please send your child with a bag lunch.
Please dress to be outside (closed-toed shoes, bug spray, sun block, etc.)

Registration Information:

Return Permission Slip &
Payment to **City of
Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

GYC Canoeing 9.10.18 #7043

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ Email _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		Canoeing	7043	9/10/18			\$15

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 7043

Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____

\$20 Resident
\$25 Non-Resident



Membership

Olde Towne & Robertson Park Drop-in Youth Centers

Grades 6-8 join the Gaithersburg Youth Club today!

The primary Youth Center I attend is:

- **Olde Towne Youth Center** ☐
301 Teachers Way, Gaithersburg MD 20877
- **Robertson Park Youth Center** ☐
801 Rabbitt Rd, Gaithersburg MD 20877

The school I attend is:

LPMS ☐ **FOMS** ☐

GMS ☐ **RVMS** ☐

Other _____

Membership is valid for 1 year from the sign-up date.
INCLUDES ADMISSION TO YOUTH CENTERS & DISCOUNTS ON TRIPS.
Return completed registration forms with fees to your primary Youth Center.

Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

GYC REGISTRATION FORM

GYC MEMBER'S INFORMATION

First Name: _____ **Last Name:** _____ **M** ☐ **F** ☐

Date of Birth: _____ **Age:** _____ **Grade:** _____

PARENT/GUARDIAN INFORMATION

☐ Check here if new address/phone since last time registered.

First Name: _____ **Last Name:** _____ **M** ☐ **F** ☐

Address: _____ **Apt #:** _____

City/State: _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **City Resident** ☐ **Nonresident** ☐

Include your email below if you would like to receive updates about special events and trips!

Email Address: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Does your child have any allergies, medications or conditions that may affect participation in the program? **Yes** ☐ **No** ☐

Please Specify: _____

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for me/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees, and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in any activity or action related to the program. I also consent to the City's use of any photographs and/or video tapes made of the program. In addition, I authorize my child to attend the off-site field trips and activities within Gaithersburg associated with the GYC's programs. Trips will be posted in the monthly calendar. I understand that Youth Center members, including my child, are required to check-in upon entry to the Youth Center to verify membership, but they are not required to check-out, and that the City of Gaithersburg, employees, and agents will continue to not be responsible for any loss by me/my child or for any injury sustained once my child leaves the Youth Center.

Print Parent/Guardian Name

Signature of Parent/Guardian

Amount Paid \$ _____ **Cash** ☐ **Check #** _____ (payable to City of Gaithersburg)
Visa/MC/Disc/Amex# _____ **Exp. Date** ____/____
Signature (name on card) _____
Print Name _____

Office Use Only:

Rec'd: _____ **Initials** _____
W P M F **Resident:** **Y** **N**
Pr: _____ **Date:** _____